

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
March 2nd, 2022 – FINAL**

Agenda Item / Discussion	Action /Follow-Up
<p>I. Call to Order / Introductions</p> <p>Cmsr. B. Serwin, Mental Health Commission (MHC Chair, called the meeting to order @ 4:36 pm</p> <p><u>Members Present:</u> Chair, Cmsr. Barbara Serwin, District II Vice-Chair, Cmsr. Laura Griffin, District V Cmsr. Candace Andersen, District II Cmsr. Douglas Dunn District III Cmsr. Kathy Maibaum, District IV Cmsr. Leslie May, District V Cmsr. Joe Metro, District V Cmsr. Rhiannon Shires, District II Cmsr. Geri Stern, District I Cmsr. Gina Swirsding, District I Cmsr. Graham Wiseman, District II Cmsr. Yanelit Madriz Zarate, District I</p> <p><u>Presenters:</u> Dr. Suzanne Tavano, Director of Behavioral Health Services</p> <p><u>Other Attendees:</u> Guita Bahramipour Angela Beck Jennifer Bruggeman Y'Anad Burrell Genoveva Calloway Theresa Comstock, CALBHB/C Gigi Crowder Deborah Cunningham Dr. Stephen Field Jessica Hunt Edgar Martinez Enid Mendoza Dawn Morrow (Supv. Diane Burgis' ofc) Carolyn Obringer Theresa Pasquini Pamela Perls Jennifer Quallick (Supv. Candace Andersen's ofc) Lauren Rettagliata Arturo Salazar Tristan Siebold Baylee Wechsler Jenna Williams</p>	<p>Meeting was held via Zoom platform</p>
<p>II. PUBLIC COMMENT:</p> <ul style="list-style-type: none"> • (Lauren Rettagliata) I would like to thank the commission for co-chairing and staying with the Assisted Outpatient Treatment (AOT) meetings we have that are held every three-four months. Thank you to Commissioners 	

Leslie May and Douglass Dunn. I was very concerned about an announcement made that said those privately insured were no longer going to be accepted into AOT. I know Cmsr. Dunn and Teresa Pasquini worked with me on the workgroup, where we thought long and hard, making sure people who are privately insured join in the AOT we have in our county. Thereby, keeping them insured and having them not become uninsured in order to receive services. I asked: Could there be a possibility for the AOT Psychiatrist to initiate a 5150? This would allow people who are not responding to AOT, who have not followed the judge's order, to not wait around for law enforcement to be the person that brings them in on a 5150. The psychiatrist would admit them, so that, if they need to be conserved, being conserved would be the next step in treatment. That it might happen sooner. I want to thank Jill Ray for saying she further look into the question I first raised regarding AOT now being just limited to MediCAL.

- (Theresa Comstock) I wanted to let you know I was listening in today and that I really appreciate all the work that it looks like you all are doing as I looked at the agenda. I was able to attend and wanted to remind you all that our job is to support your commission and that we're here to provide training and support and any technical assistance and also want to help work on Statewide issues together. Thank you all for serving on the board and to the staff for the support of the commission. It is great to see so many people from the public.

III. COMMISSIONER COMMENTS

- (Cmsr. Gina Swirsding) <attendance issue>
- (Cmsr. Graham Wiseman) I would like to share that I have been appointed to the Student Mental Health Policy Workgroup. Selection made by Tony Thurman and the California Department of Education and that will allow our voice to be shared throughout the state, especially with youth mental health and how it affects students in our schools. We are partnering with the Wellness In Schools Program (WISP) in collaboration with the Contra Costa Office of Education (CCCOE) and County Behavioral Health Services (BHS). There are a lot of great things starting to happen. As our schools open up more, we are really planning on for some exciting stuff next year. Personally, I wanted to share that I was at Miramonte High School in Orinda. The wellness center was distributing student journals for kids to write in. I had a person come up and was a former Rugby player I coached about ten years ago and was sharing that the inspiration for him to go into Mental Health and get his degree and give back at Miramonte was his experience growing up in our area. It was really a wonderful thing to see this young man applying himself, coming back to Orinda to volunteer to serve in their wellness center.
- (Angela Beck) Introduction of new Commissioner Yanelit Madriz Zarate, District I. She is a resident of San Pablo and currently attending UC Berkeley. Very excited to be with the Commission to give back to the community, and to get to know you all. Thank you for having me.
- (Cmsr. Leslie May) I sent out a finished version of the Crestwood Our House in Vallejo report. I sent it to Commissioner Serwin, Commissioner Griffin and all the commissioners on the team. That was completed on the 16th and have yet to receive a thank you or acknowledgement. I have yet to receive thank you or acknowledgment. I received an email but not

<p>addressed to me. Once again, I consider this an insult to me, my character and to who I am as a part of this commission. It was not may assignment to combine and complete this report for the team. I stepped up to help the team, and totally ignored. (Cmsr. Serwin) Thank you Commissioner May, I would be the one to say that I do owe you a response and will take care of it tomorrow.</p> <ul style="list-style-type: none"> • (Cmsr. Kathy Maibaum) I do apologize Cmsr. May. I just read it today and I am so behind in my emails and have been thinking I responded and I have not. I apologize. I appreciate the work you have done and put into it, and I just opened this a couple hours ago to read this. • (Cmsr. Laura Griffin) I also want to apologize to Cmsr. May, I read it and it was excellent. I guess I failed to actually respond. I read it soon after you posted and it was excellent. 	
<p>IV. CHAIR COMMENTS/ANNOUNCEMENTS:</p> <ul style="list-style-type: none"> • Second module of Commissioner Orientation “Introduction to Behavioral Health Services (BHS)” was cancelled this month but will be presented BEFORE THE APRIL Commission meeting at 3:30 to 4:20 PM. It will be presented by BHS Staff. Dr.. Tavano was out sick and we need to work together to tighten up the curriculum • Final draft of MHC Conduct Guidelines to be reviewed by Executive Committee and will be ready for use for the April Commission meeting • Special Commission budget meeting may be called for March 21 or 28 at 4:30 to 5:45 PM 	<p>Documentation regarding this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>V. APPROVE February 2nd, 2022 Meeting Minutes</p> <ul style="list-style-type: none"> • February 2nd, 2022 Minutes reviewed. Motion: G. Wiseman moved to approve the minutes as written. Seconded by C. Andersen. Vote: 10-0-0 Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, D. Dunn, K. Maibaum, L. May, J. Metro, G. Stern, G. Swirsding, G. Wiseman Abstain: None 	<p>Agenda/minutes can be found: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p>
<p>VI. CONSIDER the Motion brought forth from the December 16, 2021 Quality of Care Committee Meeting</p> <p><i>“The Mental Health Commission advises Behavioral Health Services and the Board of Supervisors to fund a comprehensive needs assessment of the county’s continuum of care system of placing, tracking, treating, and housing the specialty mental health population pursuant to state law 5600.3.”</i></p> <p>Over the past year, the Quality of Care committee has researched the question of what types of placements do we need and how many placements do we need? For the seriously mentally ill population of our county along the entire continuum of care. We’ve interviewed staff, conducted research and have looked at a lot of proposals from other counties. In terms of staff, we learned about our county system of placing clients for psychiatric emergency services and crisis residential facilities to residential treatment facilities, board and cares, monitoring our clients. We also reviewed research and proposals on this topic. We are still learning about how clients are monitored and transitioned. We do have background information I these areas, some from staff, family members and clients. I’d like to point out there are documents as part of your</p>	

meeting packet for this motion. In Section Four (4) of that document, there are several seminal documents we reviewed. They do detail the need for additional placements for the SMI population in California, and a few spotlight counties. The list of these: The California Department of Health Care services report (2022) provides data from counties all over the state; Housing that Heals paper (2021) describing the need for Contra Costa County and recommends tangible solutions for expanding the county's inventory of placements. Also interesting is the San Francisco Bed Optimization Study (2020) which demonstrates how to estimate the need for different categories of placements. Finally, we have the Santa Barbara (2016) and Los Angeles (2021) county reports, which estimate demand and make concrete proposals for expanded or new facilities with the price tags attached. I just want to point out how timely that research is, as well how varied. Those oldest is 2016 but most of these reports are 2020-2021 and even into 2022. The committee believes we have more than enough background information to understand, generally what we need. The problem is that we don't have the data for defining what we need. We need the data in order to determine the county's specific needs and propose specific projects. In the committees view, we need an inventory of existing placements from acute to crisis, to residential and supported living. We need an estimate of demand, we need an estimate of the need for additional placements, a mapping where county clients are being treated now, and the cost of housing and treating a client in and out of county. The motion is recommending a needs assessment to define this data, and to then propose solutions based on the data. The motion reads:

"The Mental Health Commission advises Behavioral Health Services and the Board of Supervisors to fund a comprehensive needs assessment of the county's continuum of care system of placing, tracking, treating, and housing the specialty mental health population pursuant to state law 5600.3."

Questions and Comments:

- (Cmsr. May) We need to do this. I am so sorry we have not put a time limit on this, but we have been asking for this information from BHS for over a year. We have been asking for information and have not received anything and it is to the point that I consider it 'Stonewalling'. We need this information as soon as possible, not three months from now, not four, not five... not a year from now. This is something that needs to be addressed right now. We have public asking, the public has attended quite a few of these Quality of Care meetings and they are asking for this information. They have loved one's involved in this and need this information immediately. I request and hope that every commissioner will vote affirmatively on this motion.
- (Baylee Wechsler) Thank you Cmsr. May for your comment. I want to emphasize the importance of getting this information immediately so we can act on it immediately. I work at NAMI CC and we have individuals coming into the office regularly who are released from PES or another outpatient treatment and given no resources. I had one individual come in last week who was told he was refused county resources, when he called, they told him to stop calling. There is clearly a gap in our continuum of

care that needs to be addressed. I want to, again, urge all the commissioners to push this to be approved. It is desperately needed.

- (Dr. Tavano) Just quickly--Baylee, if you want to give that person my contact information, I would love to talk to them to better understand what that was all about. The other is: on a couple of occasions, we have actually provided (and again for this meeting), a list of role of the contracts we have who are shelter beds, master leasing beds, board and care beds, enhanced board and care beds, mental health rehabilitation centers... so we have been providing that information, if it needs to be provided in some different formatting, we are happy to, but over the last couple of years, we have provided that. At one point, we had all the contract payment limits, how many beds were available in each of those facilities, etc. I am not saying that more shouldn't be done, but would like to (at least) have recognition we have been providing information, often requested same information we have supplied before. I would also like to add we are just getting ready to start a community stakeholder planning process under the infrastructure grant opportunities that are coming up. We will be extending invitations to a few that need to be part of the steering committee. We are in the process of contracting with a consultant to facilitate the community planning process and hope to be kicking that off this month. I would also like to say that some months ago, before the state issued their report in January, every county mental health plan, behavioral health plan was asked to do an internal needs assessment and we identified all sorts of things we need that would come under infrastructure. They took all those county reports and somewhat did the report they issued in January. Just wanted you to know we are thinking along the same lines and have been working on this. If information that was already provided is missing in some way, please let us know. I think it has been pretty complete.
- (Cmsr. Serwin) Thank you very much Dr. Tavano, we are really looking forward to that community planning process. In terms of your information, yes, Jan Cobaleda-Kegler and Kennisha Johnson have both attended more than a few of our Quality of Care meeting and they have provided information. I think when you look the big picture; however, there is a real lack of information when trying to put the pieces together. It is something that will take some digging but I think is very doable. It's not like everything is missing, you're right.
(Dr. Tavano) We are part of the housing picture, but we are not the big part of the housing picture in this county. I think it would be more inclusive looking at housing across the system. I only accounted for what directly are paying for, but many of our clients are housed through housing opportunities from H³, both under 'No Place Like Home' and generally and I think it's important to have that bigger picture.
(Cmsr. Serwin) Absolutely, we really need to define the scope of what the system is. The other thing you mentioned, the internal needs assessment. That is one on the documents, just to direct everyone's attention, it is a very useful document, published by the California Department of Healthcare services. It is on the back of your handout "Assessing the Continuum of Care for Behavioral Health Services" some of the county data is broken out.
- (Teresa Pasquini) I just want to thank the Quality of Care committee for the extensive work you have all done and the full commission. I know this process started back when Lauren and I presented our Housing that Heals

paper to you all and called for there to be part of your action plan for last year. While we have received information, I think there were presentations from H³ along way. I just wanted to thank you and I encourage the commission to support the motion. I don't think our county is the only county that isn't tracking this. There are some counties that are and ahead of the game and we can learn from them. Thank you so much for your work and I hope the commission will support your motion.

- (Pamela Perls) I just wondered if you could explain to me if specialty mental health is a term of art, or a legal term, or is one you understand from the practice of behavioral health.

(Dr. Tavano) We operate under three major contracts with the state, we are considered a managed care plan and under such, we have a contract with the state to provide the specialty mental health services and that is defined in regulation. It has to do with diagnosis, areas of cultural impairment, etc. Specialty mental health services are distinct from the mild to moderate level benefit that health plans provide. The state provided the benefit.

(Pamela Perls) I would just suggest it might be a good idea to say pursuant to what the contracts quote because, even though it seems to be widely understood, you want to be very specific.

- (Cmsr. Serwin) Thank you. That is an excellent idea, We would have to look that up, but I think we could modify the motion to read at the very end *"...county's continuum of care system of placing, tracking, treating, and housing the specialty mental health population pursuant to (the information we need to reference."* Is this satisfactory?

(Pamela Perls) Or just add *"...pursuant to state law to be specified..."*

- (Laruen Rettagliata) I would think that if we added specialty mental health population 5600.3, that would further clarify. One reason I really support this motion is that I know Dr. Tavano has provided the information she said she has, but the one thing this further does is that it calls for the tracking of who needs the housing and what housing is available. I know many times people are waiting in a very high levels of care in psychiatric hospitals and are waiting for the next level of care (MHRCs or IMDs) because there is no placement for them at their correct level. I think this is more what we are asking for, which is the tracking and knowing the numbers of how many people need the services and how long they are waiting for these services. If there is an abundance of services, that is a great thing to know also.

- (Cmsr. Serwin) One thing I have not mentioned is that there is a cost associated with this. I had not yet attempted to put a dollar amount on it because I feel the best way to approach this is with an independent consultant to perform the needs assessment and thought I could speak with county council, the finance department to see what kind of rates are charged for this type of consultant for the county. This is research we would need to do at a later point. I just want to mention there would be a price tag associate with this. Since this is work proposed for this coming year, we would want to include it in this year's budget

(Cmsr. Andersen) Just clarification, it would come through BHS budget, so you would not need to go through finance or county council. Dr. Tavano would need to decide whether she wants to build that into her budget and figure out the cost. She would be in the best position to give us an estimate what that would cost.

- (Cmsr. Serwin) The main thing is that I only mentioned, looking at the perspective of what does this cost. If I had an idea about that, it would be best for commissioners to know about that. I think we have looked deeply and pretty much, there is not a lot of disagreement about the fact that it is a needs assessment project and would like to do so in an objective way by having an external party do the work and cut through it faster by having a third party perform this. I wasn't trying to bring county council or finance into this in any way other than to find out the rates typically paid for these types of consultants.
- (Cmsr. May) I want to state that this has been something that Cmsr. Dunn has been working on, and it has been kicked down the road. He wanted this information in October, we couldn't do that, nor November or December. January, February passed. I think tonight is a good night to go ahead and take a vote on this motion. If we want to an addendum, that is fine. This is something we have worked on for month and I feel it would be very disrespectful for the amount of work that Cmsr. Dunn has put in to put this together, plus the amount of the work the other commissioners have given up to attend and research and all involved to just table this again. No, I feel we should be taking a vote on this and if there is an addendum to be added later, we can do so. Right now, we need to vote on this motion and other the other motions on the agenda tonight.

Consider the motion brought forth by the Quality of Care Committee to:

“The Mental Health Commission advises Behavioral Health Services and the Board of Supervisors to fund a comprehensive needs assessment of the county’s continuum of care system of placing, tracking, treating, and housing the specialty mental health population pursuant to state law 5600.3.”

Motion: L. May moved to approve the Motion as written. Seconded by L. Griffin.

Vote: 11-0-1

Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), D. Dunn, K. Maibaum, L. May, J. Metro, R. Shires, G. Stern, G. Swirsding, G. Wiseman, and Y. Zarate

Abstain: C. Anderson

VII. CONSIDER the Motion brought forth from the February 22, 2022 Justice Systems Committee Meeting

“Advise the Board of Supervisors to add to its legislative platform the goal that the State appoint and fund a Statewide Conservatorship Director, whose job it would be to provide uniform guidelines to all counties in the state, under which all counties would operate and conform. The position should be funded and mandates that the State require of the Office of the Public Guardian should be funded.”

The Justice Systems Committee met with the Office of the Public Guardian (Linda Arzio and Mathew Luu) twice last year. We had robust discussion regarding the concerns and functioning of the Conservatorship Department and so many issues were brought up. I would direct everyone to my end of the year report, which highlights some of the more egregious concerns of the office of the public guard. We had some recommendations: Main being a need for mental health rehabilitation centers (MHCHs), more board and care beds, and possibly a second Psych Emergency Services (PES). They were discussing

that, even with a court order, it could take years to place someone in a state hospital because of lack of beds. Someone who is barely functioning can't be expected to be successful when they are put straight into the community placement when they are barely able to know that they shouldn't just walk away or go down the street to buy alcohol and drugs or walk to a home where there is a restraining order against them.

There was a presentation by Alex Barnard from New York University that gave a very comprehensive evaluation of the State of California's conservatorship program. His summary was that no one is in charge on the state level to look at everyone on conservatorships and the whole system of care. There is a need to appoint a state level commission or office to oversee the office of public guardian in all counties in the state to provide continuity of care for those who are conserved. The problems in the office of the public guardian are so deep and systemic that our committee felt we needed to make this recommendation and I am hoping that gives you the background of why we came to this decision.

Consider the motion brought forth by the Justice Systems Committee to:

"Advise the Board of Supervisors to add to its legislative platform the goal that the State appoint and fund a Statewide Conservatorship Director, whose job it would be to provide uniform guidelines to all counties in the state, under which all counties would operate and conform. The position should be funded and mandates that the State require of the Office of the Public Guardian should be funded."

Questions and Comments:

- (Cmsr. Anderson) I think our conservatorship—we have a problem and don't get people conserved as quickly as I believe they should. We have a really hard time keeping them conserved. Recently, and since I've been on the Board of Supervisors (BoS), the state continues to push down to counties their independence over mental health issues. So, my question (for Suzanne) has this been look at before, among other Behavioral Health Directors whether this would be beneficial? Is this something the state might really embrace? I know there is already a state law that governs conservatorships, but is there more we would really feel we would all benefit from this position? I would like to do anything we can to improve how we handle conservatorships but I want to ensure this is something we think is a realistic option that might help the process.

(RESPONSE: Dr. Tavano) The conservatorship program is an optional program and not a state mandate. Because it is structured that way, counties are voluntarily participating in conservatorship and because they are voluntarily participating, there is no funding attached. That is a very important central piece. The funding for our deputy conservators and public defender and some other costs are really borne by the county. Just wanted to put that front and center. For a variety of reasons and we keep putting county resources into the conservatorship program but there is no revenue coming in from the outside to continue or support it. Given that it is optional and the state is avoiding costs, I don't know. It will be interesting to see if the state would support having a statewide overseer of the program if it's not a mandated program. Cmsr. Stern, the concluding remarks you made about an HRMC, B&C's, etc. It is the whole bed and housing thing, which the conservators don't really have authority or control over and as we build up those resources, that becomes less of an issue but

they don't have direct control of that. I would add also, about the time it takes to complete a conservatorship (temporary/permanent), it is predominately a legal process and are dependent on court process for that. Once the conservators are given a referral, they have a set number of days to complete the investigation and make recommendations to the court. Where there might be other time efficiencies, I'm not exactly sure, I think we have made some very significant improvements over the last year, working with PES and 4C/4D processing conservatorship requests and placement, as well as working closely with Detention Mental Health. I feel we have made significant advancement. In terms of this motion, if the state is open into putting some money into operating the program, that would be great. I would add there is a very large convening about LPS from start to finish, including subversion, looking at everything that falls under LPS.

- (Cmsr. Andersen) My other question would be: Is it always beneficial to have the state telling us what to do if we feel we have a better way of accomplishing it? That's the balance. Funding is one issue, but sometimes their regulations make it really hard. (RESPONSE: Dr. Tavano) To put more regulations in warrant the funding situation, but I do agree with you. On one hand, I can understand why you would be interested in having the statewide position for some consistency, but when the state does get involved, they usually add more administrative functions and requirements that take time and money also.
- (Cmsr. Dunn) Scarlet Hughes, Executive Director of the California Association of Public Guardians and Conservators, had written an op-ed asking the state government to provide \$200mil per year to fund Conservatorships at the county level throughout the entire state.
- (Cmsr. Wiseman) Thank you Cmsr. Dunn, that is an important part because, actually, my question was that this is asking our county supervisors to advocate for state law and we should actually be doing that to our representatives.
- (Cmsr. Stern) I'd like to interject, Cmsr. Wiseman, this is the procedure that we were directed by Lara Delaney, as to how to go about it. (Cmsr. Anderson) We do have a legislative platform, so it is okay, absolutely we like to add to the legislative platform and we write letters in support of that legislation. This is one where I'd love to have us take a deeper dive through working with BHS as to what would be added to the platform.
- (Cmsr. May) It sounds as if this is the reason why there are so many problems with the conservatorships. Many complaints, those assigned to clients in facilities, I am hearing complaints how the conservator never shows up, the patient is left waiting. I guess when you aren't getting any money, then they get whatever services are thrown at them? I would advocate all the way to the state and federal level to appoint a statewide conservatorship director so there can be uniform guidelines. I think the best way is from the state and federal level. We need this in place so that our county constituents will be cared for. I am also thinking about the IST population being released to this county and they will need that, as well. There is nothing in place, of course we know the county will handle it.
- (Lauren Rettagliata) I like the motion. This is an unfunded request that the state has put to the county to provide this without funding. So, I'd like to see our county take a lead in getting this solved because the state needs to fund this because they have asked and put it on the county BHS to provide these services, as well as the public guardian's office.

- (Teresa Pasquini) Thank you to this commission and to Cmsr. Stern and the Justice Systems committee for them already taking a deep dive into this topic. The committee has done an excellent job of reaching out, gathering information, hearing from the community. I think it's a really thoughtful approach. I strongly encourage the commission to support the motion and to continue the conversation. I don't think it is an either/or, I think it absolutely should be a continuing agenda item for the Justice Systems committee or one of the other committees. I do believe there have been improvements in processing and communication under her leadership with PES, 4C/4D; I disagree there has been improvements, in fact I have seen and heard some things that are very concerning. I would strongly encourage the commission to support this and continue further conversations. I think our BoS should elevate their knowledge and conversation about this issue. Our BoS should become more knowledgeable about this process for those in our county who's loved ones have been subject to this process. They need to have all on board, rather than pointing fingers, let's work together and figure it out. I will close by saying Senator Stern (LA County) has a placeholder bill (SB 1446) that is also speaking to a right to treatment and right to housing. That has recently been introduced and calls for a right to housing that heals. I urge this commission to pass this motion and to advocate strongly for this population that has been forgotten. The authority and accountability for the population has been absent from both the state and the counties.
- (Cmsr. Serwin) Alexander Barnard, I heard his presentation and it is groundbreaking research. One of his top conclusions is, in fact, the basis of this motion and the havoc that is wreaked by not having someone at the top to provide some base line best practices. I don't see how the system can work without it and strongly support this motion.

Motion: L. May moved to approve the Motion as written. Seconded by G. Wiseman.

Vote: 12-0-0

Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, D. Dunn, K. Maibaum, L. May, J. Metro, R. Shires, G. Stern, G. Swirsding, G. Wiseman, and Y. Zarate

Abstain: None

VIII. CONSIDER the Motion brought forth from the February 17, 2022 MHSA-Finance Committee Meeting

“The Mental Health Commission advises the county Behavioral Health Services to actively pursue all state budget approved funding opportunities laid out in the Dept. of State Hospitals (DSH) Incompetent to Stand Trial (IST) Solutions Workgroup Report and Final Report”

This final report is very important and is one of the attachments included in this agenda packet. It is eight pages and two key items to point out. It speaks to providing \$75K from the Department of State Hospitals (DSH) a total of \$571bil per year, which breaks down per client to \$75k/client for housing for 18 months, and then another \$125k/client for treatment services for 18 months. I have an idea what the number is for Contra Costa County (CCC) but I don't have the exact numbers. Stephanie Regular (Public Defender) has done her best to get the numbers but does not have the exact number. That is background behind these two motions.

Questions and Comments: (None)

Consider the motion brought forth by the MHSA-Finance Committee to:
“The Mental Health Commission advises the county Behavioral Health Services to actively pursue all state budget approved funding opportunities laid out in the Dept. of State Hospitals (DSH) Incompetent to Stand Trial (IST) Solutions Workgroup Report and Final Report”

Motion: L. May moved to approve the motion as written. Seconded by Y. Zarate.

Vote: 12-0-0

Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), C. Andersen, D. Dunn, K. Maibaum, L. May, J. Metro, R. Shires, G. Stern, G. Swirsding, G. Wiseman, and Y. Zarate

Abstain: None

IX. CONSIDER the Motion brought forth from the December 16, 2021 MHSA-Finance Committee Meeting

“The Mental Health Commission advises the county Behavioral Health Services to include a minimum of \$10million to cover the necessary Housing, Treatment, and Services needed for this most vulnerable and highest need population to include:

- a. Multi-Service level Forensic and Civil Mental Health Rehabilitation Center (MHRC) treatment and services*
- b. Multi-level step down housing, treatment, and services”*

To clarify, we are speaking to the Felony Incompetent to Stand Trial (FIST) population, as well as the LPS Murphy Conservatorship population, approximately 55-60 persons returning to the county.

We came up with this \$10mil on the FIST population, we had a discussion at the November MHSA-Finance meeting, Mental Health Systems (MHS) gave a cost for the 22 misdemeanor IST (MIST) persons, detailed two page document of \$13mil for this population. In this particular motion, the state is proposing to provide a good amount of funding for this population.

Questions and Comments:

- (Dr. Tavano) They list all the possible revenues, I do want to add that CCC was already a recipient of a diversion grand under 1810, so we do go after all the funding we can. When went after more, we were told we could only increase by four persons. We were able to get the additional four people but it is not like the state is advising to pursue more. We already have a grant for this population and the maximum you can add is funding for four additional people.

Consider the motion brought forth by the MHSA-Finance Committee to:

“The Mental Health Commission advises the county Behavioral Health Services to include a minimum of \$10million to cover the necessary Housing, Treatment, and Services needed for this most vulnerable and highest need population to include:

- a. Multi-Service level Forensic and Civil Mental Health Rehabilitation Center (MHRC) treatment and services*
- b. Multi-level step down housing, treatment, and services”*

Motion: L. May moved to approve the motion as written. Seconded by K. Maibaum

Vote: 11-0-1

Ayes: B. Serwin (Chair), L. Griffin (Vice-Chair), D. Dunn, K. Maibaum, L. May, J. Metro, R. Shires, G. Stern, G. Swirsding, G. Wiseman, Y. Zarate
Abstain: C. Anderson

X. DISCUSS Behavioral Health Services 2022-2023 budget

DISCUSS BHS budget advocacy process

DISCUSS BHS budget priorities and their projected budgets

DISCUSS revenue sources

- What are projected revenues from federal and state sources?
- How dependent are revenues on grant awards?
 - What major grants have been awarded?
 - What is the dollar amount of potential, unsecured grant awards?
 - What is the contingency plan for covering projected grant revenues that are not awarded?

DISCUSS process for aligning MHC and BHS priorities and remaining budget steps

Working closely with Cmsr. Dunn and Cmsr. Griffin, as well as Dr. Tavano and her staff to come up with the information <screenshare>:

Big picture budget information to date.

- Our operating budget information for last year (2021/22) \$252mil.
 - Federal Financial Participation (Medi-Cal) \$91M (36%)
 - Realignment \$66.8M (26%)
 - MHTA \$54.4M (22%)
 - County General Funds \$25.6M (10%)
 - Grants \$11.3M (5%)
 - Other \$2.8M (1%)
- No BHS projected budget number for 2022-23 available yet
- State Realignment and MHTA revenues are expected to increase but how much is not known yet. There is a fiscal forecasting session on March 9th

Grants: A high percentage of new initiatives are to be funded by GRANTS

- Approximately 13 grants applied for so far (see CCBHS Grant Summary as of Feb 2, 2022) with 5 significant grant opportunities available for application at some point in 2022
 - Total dollar amount of grant dollars applied for to date:
Some of these span multiple years
Total applied for \$40.6M
Total less Measure X applied for \$15.6M
- Contingency plan for programs to be funded by unawarded or unfunded grants?
 - Program is not implemented
- Grant status:
 - Majority of grants are awarded and waiting for a contract to specific scope of work, milestones, rates, etc.
- BIG OPPORTUNITY: State Behavioral Health Care Services funding promised by the State of \$15B total
 - The funding is in the 2021-22 State Budget
- First trench: Behavioral Health Care Infrastructure Program competitive grants
6 rounds totaling \$2.2B

Budget discussion will be added to the April MHC agenda, discussion cut short due to time constraints.

<ul style="list-style-type: none"> ➤ Rounds 1 – 2 awarded already <ul style="list-style-type: none"> Round 1 Contra Costa awarded \$150k for infrastructure planning Round 2 Contra Costa awarded \$3M for Community Crisis Mobile Unit ➤ Round 3 is in progress – deadline to apply is March 31 <ul style="list-style-type: none"> “Shovel-ready” projects Reaching out to partners for collaborative projects ➤ Rounds 4 – 6 to be awarded sometime during 2022 -- \$480M each <ul style="list-style-type: none"> Round 4 is Children/Youth \$480M (listening session March 16th) <ul style="list-style-type: none"> TBD projects Round 5 and 6 are TBD -- \$480M each <ul style="list-style-type: none"> Likely broad scope Facilitated community planning process for determining projects starting soon • The near term opportunity in Rounds 3-6 approximately \$1.5B statewide • Other BHS funding promised by the State \$12.8B <ul style="list-style-type: none"> ➤ Very limited information available so far by DHCS (Department of Health Care Services) <p>BHS Priorities</p> <ul style="list-style-type: none"> • BHS considers all initiatives presented at the February 2, 2022 Mental Health Commission Meeting as priorities <ul style="list-style-type: none"> All state-mandated programs are a priority (for example) <ul style="list-style-type: none"> ➤ CalAIM implementation ➤ School-Based Mental Health Initiatives: <ul style="list-style-type: none"> Wellness in Schools Program (WISP) (funding directed to County of Office of Education) School-based Incentive Plan ➤ Qualified Individual Program Stake-holder priorities <ul style="list-style-type: none"> ➤ Children’s Crisis Stabilization Unit ➤ A³ ➤ Additional housing • These projects are mostly to be funded by grant <p>By division/program (<i>please see table attached to these minutes</i>)</p> <p>NOTE: Budget discussion will be added to the April MHC agenda, discussion cut short due to time. Submit questions to be addressed at the April meeting.</p>	
<p>XI. RECEIVE Behavioral Health Services Director’s Report, Dr. Suzanne Tavano, Director of Behavioral Health Services</p> <ul style="list-style-type: none"> • Status of Children/Adolescent Crisis Residential Treatment Center and process and timing of community input • Overview of Grand Civil Jury Report No. 2102, Tele-Mental Health: Expansion of Remote Access to Care and status of BHS response <p>The final review of Children/Adolescent Crisis Residential Treatment Center was completed last week. <screenshared current approved floor plans> We reviewed all the architectural plans and signed off those plants. The project is moving into the permitting phase. There is a lot of talk regarding the status of Miller Wellness Center (MWC). We are very thankful that CCRMC and others agreed that we proceed with the buildout of the new Crisis Stabilization Unit (CSU) as soon as possible. We are hoping that late fall of next year the center will be completed. To make up for the space that is being taken away</p>	<p><i>Grand Jury Report No. 2102 will be added to the April MHC agenda, unable to report out due to time constraints.</i></p>

from MWC, there will be an additional space built out at the rear of the building so that ambulatory care doesn't lose any capacity and will end up with additional square footage. There will be the ability to have some single room capacity and double room capacity and the four-bed dorm. We went in thinking all single capacity rooms and then heard feedback from those with lived experience youth and young adults that actually the preference would be that, at times, it's better to be with other youth and so the plan was redesigned and this is what came out of it.

NOTE: Floor plans for Children/Adolescent Crisis Residential Treatment Center are attached to the minutes

<The Overview of Grand Civil Jury Report No. 2102, Tele-Mental Health: Expansion of Remote Access to Care and status of BHS response will be addressed at the April meeting>

Questions and Comments:

- (Cmsr. Swirsding) You're going to reduce the MWC? (RESPONSE: Dr. Tavano) No. If you recall years ago, under the MHSA, BHS actually financially invested in the construction of that building and the part of the building that has always been designated behavioral health was built using MHSA funds. What has been in that space is the drop-in services. We looked at the utilization and there is been some, but not high level for the urgent care drop in. That was the impetus when we take this space for the youth CSU. That is what factored into building out an expansion of another part of that same existing building so there is still the capacity there. There is no net loss of space.
- (Cmsr. Serwin) Are there going to be opportunities for the community for input as far as the program, etc. (RESPONSE: Dr. Tavano) I think the important community input will be with the provider and what the program actually is. This is the physical space and we presented it any number of meetings, they came up with the physical space and the evolution of the design, with stakeholder input and that's why there were several changes.

XII. Adjourned at 6:34 pm